



Early Childhood Special Education in Norway and the United States:
A Meta-Synthesis

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Abstract

This meta-synthesis investigates various aspects of early childhood special education in Norway and the U.S. Both countries strive to provide services for young children with disabilities in inclusive settings. However, the differences in policy, levels of governmental regulation and involvement, local organization of service delivery, and provision of social benefits shape very different realities for children with disabilities, their families, and their service providers in Norway and the U.S. This inquiry of 43 articles addresses such issues as overall quality of services and support available to children with disabilities and their families, qualifications of personnel who work with children with disabilities, funding of various early childhood settings that these children attend, and availability and accessibility of inclusive early childhood environments for children with disabilities in both Norway and the U.S.

1. Introduction

1.1. Background

Early childhood is a critical period for children with disabilities and their families. Early detection of special needs and high-quality intervention for them may enable these children to enter the school system on a par with their peers, or with necessary supports already in place (Bruns & Mogharreban, 2007; Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). This period is also the time for the exceptional student's family to learn to understand their child's special needs and to accommodate them effectively by creating a responsive, supportive and stimulating home environment. Although this is a common understanding across many countries and cultures, the system of early childhood special education may differ significantly between them (Bennett, 2006; Waldfogel & Zhai, 2008).

In the United States, education and intervention for preschool-age children with special needs is regulated by the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, which mandates special education services for children with special needs, ages three to five. Special education services may be provided in a school-based preschool program or other child-care settings, whereas related services (e.g., speech therapy or physical therapy) may be delivered in school district classrooms (U.S. Department of Education, 2004).

While the law provides general guidelines, practical implementation of the legal provisions differs between states and school districts due to local funding opportunities and political priorities. In general, a continuum of early childhood education and care options exists in the United States ranging from full inclusion to a self-contained classroom. More children with disabilities are now included in environments natural for all preschool-age children, such as community preschools and child care centers (DeVore & Russel, 2007). Head Start programs

follow an inclusive model with a few children with IEPs in a large group of children without identified disabilities. Yet, a simple fact of physical placement is not equal to true inclusion and high quality instruction, and questions remain to be asked about the overall quality of various programs and child care arrangements (Layzer & Goodson, 2006). Public school preschool programs for children with disabilities are often essentially self-contained half-day programs run by special education teachers. Such delivery method is also sometimes called reverse inclusion (Rafferty & Griffin, 2005). Due to high costs of running special education classrooms many school districts simply do not provide preschool services for children without disabilities (Etscheidt, 2006). For example, a typical preschool program in Fairbanks North Star Borough School District consists of two groups of students (morning and afternoon), that spend approximately three hours each in the classroom. The main core of preschool students in such classrooms consists of children with special needs, while a few typical peers attend the classroom three times a week. In this school district, it is common to have two typical peers in a group of ten children with special needs. Individual instances of litigation (e.g., parents demanding a full-day program for preschool children with autism) have been known to influence school districts' decisions about placement and length of preschool programs (Etscheidt, 2006). Although it is difficult to generalize about the degree of inclusiveness of state-funded special education preschool programs nationwide, those that are truly inclusive appear to be in the minority and are often cooperative projects between several local agencies, including colleges and universities (DeVore & Russel, 2007; Purcell, Horn, & Palmer, 2007). In 2005, 29 states provided diverse delivery programs for children with disabilities through interagency cooperation involving both public schools and community-based service providers (Doggett, 2006). School districts are mandated to seek out children with disabilities at Child Finds several

times a year. School districts provide special education and related services free of charge, and preschoolers with special needs are eligible for transportation to and from their program site.

In Norway, education and intervention for young children with special needs is regulated by legal documents that unequivocally state how ECE centers should serve these children, although dominating political views within local administration have certain influence over distribution of funds in municipalities and counties. Children with and without demonstrated special needs have a right to full-day child care services in their neighborhood child care and education facilities (Norwegian kindergarten, preschool or daycare, for the purposes of this paper, describes early childhood education and care centers for children between one and five years of age). Two main legal documents designate the rights of children with special needs in the Norwegian educational system. One is *Opplæringsloven* (“Education Act”) which covers general and special education for all age groups and also mandates the right of preschool-age children with special needs to special education (Norwegian Ministry of Education and Research, 1998). The other one is *Barnehageloven* (“Kindergarten Act”) which refers to organization of early childhood education centers for children aged one to five (Norwegian Ministry of Education and Research, 2006). Additionally, *Forskrift om Rammeplan for Barnehagens Innhold og Oppgaver* (“Framework Plan for the Content and Tasks of Kindergartens”) further regulates contents and organization of these facilities, while at the same time providing autonomy for local centers, parent participation and the agency of the child. The Framework Plan mandates creating an inclusive environment and making the curriculum contents relevant to children with various needs and backgrounds, including those with special needs. Individual Learning Plans shall be created and implemented to adapt the curriculum for children with special needs (Norwegian Ministry of Education and Research, 2006). Although

there are some self-contained ECE centers, an overwhelming majority of young children with special needs are educated in fully inclusive settings. For example, in Oslo, a city of over half a million people, there are four ECE centers for children with various diagnosed disabilities, such as asthma and allergies, multiple disabilities, hearing impairment, autism, etc., but some of them also serve varying numbers of typically developing children (City of Oslo, 2011). Whether a child with a disability will attend one of these centers will depend on the parents' choice. A little over half of all centers are public, while private and family-run centers have to comply with the same regulations as the public ones (Børhaug & Lotsberg, 2010). The density and availability of such centers reflects the population density and demand in different areas, and most children attend centers just minutes away from their homes. Therefore, no transportation services are usually necessary or provided, with the exception of the few existing self-contained centers. Certain areas will have more children with special needs in their centers (usually areas with lower income levels and high immigrant populations) whereas others may, for example, have only one child with special needs in a group of eleven children. A simple language development assessment tool is used on every child starting at age two, while it also serves as a starting point for documenting any possible special needs (Espenakk & Horn, 2002). Children are usually grouped by age, and the prevalent model of grouping is a section for children one to three years of age and a section for children three to five years of age. ECE centers are open to all children nine to ten hours a day (Eldevik, Eikeseth, Jahr, & Smith, 2006). Statistics of median household income and cost of center attendance over the past few years in Norway tell us that the cost of attendance for one child amounts to a little over six percent of the yearly household income (Statistics Norway, 2009). Low-income families are eligible for subsidies from the state, families with siblings in the same center receive a discount, and in some municipalities the cost of

attendance is graded according to household income. Depending on municipality, 84-93% of all children between the ages of one and five in Norway attend ECE centers (Statistics Norway, 2011).

The three most obvious differences between the systems of early childhood special education in Norway and the United States appear to revolve around the degree of inclusiveness, the number of hours a day children spend in a single child care and education facility, and the cost and affordability of child care in general. These differences provoke questions about the contents and efficacy of these programs in the United States and Norway, as well as their effect on lives of families that have children with special needs. As one delves deeper into daily routines, teaching methods and aspects of organization, more differences become apparent. The content of the term “early childhood special education” does not describe the same reality in the two countries. Norwegian early childhood centers focus on care, development and activity to a much higher extent than education, for all children, also those with special needs. The official task of these centers is upbringing rather than teaching, and social competence appears to have higher priority than academic development (Norwegian Ministry of Education and Research, 2006; Thorsen, Bø, Løge, & Omdal, 2006). This is largely defined by and reflected in the organizational aspects of ECE centers where children spend most of their waking hours, and where practical care, meals, play and social interactions are natural and important elements of their day. Children with special needs follow the same daily routine, enhanced by extra time and activities with regular staff or other professionals. In the United States, preschools for children with disabilities emphasize teaching pre-academics and ongoing and recordable progress-monitoring. Although documentation of intervention for children with special needs is required in Norway and certain procedural safeguards exist, these aspects are by no means as formal,

stringent, copiously documented and law-binding in the United States. While American public preschool programs for children with disabilities are run by certified special education preschool teachers, inclusive early childhood centers in Norway employ teachers with a three-year-degree in early childhood general education and development and often with little to no training in special needs education (Eikeseth, Smith, Jahr, & Eldevik, 2002). At the same time, the public Educational and Psychological Counseling Service's professionals in every municipality conduct assessments, coordinate services and provide instruction for preschool teachers regarding specific children with special needs (Nilsen, 2010). American public preschool classrooms are often part of an elementary school with multiple employees and are administrated by a coordinator in the school district administration. A Norwegian ECE center is usually a fairly small and tight-knit establishment with the director present on-site almost daily and taking care of all immediate administrative needs (Børhaug & Lotsberg, 2010). American schools often have an on-staff nurse, a physical therapist, an occupational therapist and a speech and language teacher. Inclusive centers in Norway use itinerant staff (e.g., special education teachers and consultants, behavioral specialists) that comes and works with the child or children with identified special needs and their teachers on a regular basis, but securing access to these services may take some time (Løvberg & Alvestad, 2005). The few self-contained centers in the country employ staff with background in special education, as well as nurses, physical therapists, and occupational therapists (Eldevik, Jahr, Eikeseth, Hastings, & Hughes, 2010; Greve & Solheim, 2010).

At the same time, practical organization of childcare has an impact on the daily lives of families (Bennett, 2006). Available and affordable child care options allow Norwegian women to return to work full-time, after 9-12 months of paid maternity leave. This enables them to

generate income and obtain self-realization outside of the home. Children in Norwegian ECE facilities eat a reasonably healthy lunch provided by the facility daily, eat fruit for snack in the afternoon, play outside most days of the year and have a chance to nap or rest in the middle of the day. Conversely, many American mothers with young children stay at home due to inability to cover daycare costs. In fact, a report by UNICEF on child well-being in rich countries gave Norway a ranking position of 8.7, while the United States was ranked 18.0 (UNICEF, 2007). Based on the statistics of median household income in the U.S. and average child care costs, these expenses vary greatly between states, and on average make up over twenty-three percent of household income (National Association of Child Care Resource and Referral Agencies, 2011; U.S. Census Bureau, 2011).

Working parents of children in half-day special education programs in the United States have to provide another half a day of child care, which involves transitioning between several different environments for the child during the day. In fact, parents of children with disabilities cite child care as one of the most challenging issues (Glenn-Applegate, Pentimonti, & Justice, 2011). In my preschool classroom, I have seen very stressed mothers and children due to transition and transportation issues, and lack of affordable and high-quality daycare outside of our program. It is not uncommon that a child's daily rhythm in terms of meals, rest periods and midday nap is defined by bus pick-up times, length of bus rides and transitions between multiple environments (Booth-LaForce & Kelly, 2004; Knoche, Peterson, Edwards, & Jeon, 2006).

Undoubtedly, parents, administrators and politicians alike are interested in arranging early childhood education services for children with special needs in the most efficient and beneficial manner, both for children and their families. After all, the progress that these children make in their preschool years or lack of it to a great extent defines their subsequent school

career, and consequently, their future lives as adult society members. Similarly, the resources and supports these children's parents have access to will influence the extent of support and quality of the home environment that they will be able to provide for their exceptional children. The emphasis on full inclusion for all and the sense of belonging in the local community has been strong in Norwegian education and society (Nilsen, 2010; Simonsen, Kristoffersen, Hyde, & Hjulstad, 2009). The system of special education in the United States with its strong legal and civil rights background places high demands on staff's qualifications, documentation routines and parents' rights. With apparent differences between the Norwegian and the American systems of early childhood special education, a natural question occurs: what are the best features of both, which areas need improvement and what can they borrow from each other to function better? Although international comparative studies have been done in different areas of early childhood special education, Norway with its population of fewer than five million has not been a typical target country for such comparisons. However, among the countries with the strongest economies, best living standards and best quality of life in Europe (Klugman, 2010), Norway and its system of early childhood special education represents an interesting and valuable study.

1.2. Author's experiences and beliefs

My professional and ethical beliefs have developed through a variety of experiences in different countries and cultures. My personal schooling experiences took place in Ukraine, where special education was segregated to such an extent that at the end of my school career I was barely aware of the existence of children and adults with disabilities. I moved to Norway as a young adult, and was amazed and inspired by the resources, accommodations, legal protection and public acceptance and visibility individuals with disabilities enjoyed in the Norwegian society. In the course of my six years in Norway, both through employment and my studies at the

University of Oslo, I worked in a variety of settings, self-contained and inclusive, school-based and home-based, educational and residential, with individuals with various exceptionalities aged 2 to 16. Early childhood has always been my passion. Perhaps because of that most of my experience gained through part-time and full-time employment in Norway was in early childhood settings. These experiences gave me an insight into multiple aspects of the system of special education in Norway, particularly for very young children. I witnessed, discussed, reflected over and participated in successes, challenges and frustrations of the system as it was put into practice.

After moving to Alaska in 2008, I started working as a paraprofessional at Joy Elementary School in Fairbanks, in a preschool classroom serving 3- and 4-year-olds with special needs. Over time, I learned that the American system of early childhood special education differed significantly from the Norwegian one both relative to legislative basis, sources of funding, and practical organization. I found myself agreeing with some of the principles underlying this system and admiring some of its practical applications, and strongly disagreeing with other aspects of legislature, theory and practice. At the same time, I was constantly returning in my mind to the many individual students that I worked with in Norway, and realizing that they would have benefitted greatly from some aspects of early childhood special education common to the American preschool. An example of one such aspect is the existence of routine procedures for identifications of needs for related services within American preschool programs, such as physical and occupational therapy, and availability of highly-trained professional therapists in schools on a regular basis. Over time, I have developed the impression that teaching methods and approaches used by American and Norwegian preschool teachers are very similar, but the resources and limitations of the systems they work in to a large extent

control how they determine their students' needs, teach their students and document their student's educational progress. The questions I keep asking myself are: *Is one system more effective than the other? What can be changed in both systems to ensure better student outcomes?* In this paper, I would like to further investigate this relationship, compare and contrast the two systems and possibly make recommendations for changes to the organization of both systems.

Because I associate myself with a culture with strong political traditions of social democracy, my social and political values undoubtedly influence my opinions about what early childhood education should be like. I strongly identify with the ethical principles behind the legal foundations for early childhood special education in Norway: all children with exceptionalities have a right to receive early intervention in their home zone early childhood facilities among their typical peers. This is meant to ensure inclusion and a sense of belonging which starts in a neighborhood and a group of toddlers, and proceeds to produce an inclusive society resting on the foundation of equal opportunity and human rights. Practice reflects theory: there are very few self-contained early childhood programs in Norway today, most of them catering to children whose impairments require a very specialized environment. All children in Norway, with or without exceptional needs, have a right to a full-time placement in an early childhood facility heavily subsidized by the state, starting at age 1. While this provision has a political and civil rights background, one of its aims is to ensure early identification and intervention relative to special needs. Although some families choose not to use these facilities for their children, virtually none do it for financial reasons. Another immediate difference is that a Norwegian ECE center is a full-day arrangement for all children five days a week, including those with exceptional needs, whereas special needs preschool programs in the U.S. are normally limited to

about three to five hours and often less than five days a week. I applaud these aspects of organization of early childhood education in Norway, on a personal and professional level. I feel that subsidized full-day high-quality early childhood education and care are particularly necessary for children with special needs, who are not likely to do well if their home environment is somehow compromised.

Early childhood is not only an immensely important period for identification of special needs and intervention for them, but also a period full of promise and opportunity for exceptional children and their families. Some children are able to catch up developmentally with their peers in the mere two years in American preschool programs, whereas others can enter kindergarten with necessary supports already in place. The child's home environment is an inalienable part of this developmental period, and the supports and resources available to the family can make a huge difference to the child's outcomes. As I say this, I think about an alarming number of my American students with exceptionalities who experienced poverty, neglect, or lack of age-appropriate and stimulating environments and proper nutrition outside of our program due to limited resources of their families. Therefore, I feel that the socio-economic sphere and the sphere of special education cannot be viewed independently from each other. An effective special education system should be supported by socio-economic provisions for the families who need these in order to provide the best possible home environment to their children with special needs.

My experiences working in early childhood settings with exceptional children have led me to formulate the following research questions that represent my perception of the three main differences in the organization of early childhood special education in Norway and the U.S.:

1. What are the effects of a fully inclusive setting vs. a self-contained setting on student outcomes within the systems of early childhood special education in Norway and the U.S.?
2. What are the implications of the affordability of early childhood education and daycare for students with exceptional needs and their families?
3. What are the social and educational implications of a full-day early childhood program for children with exceptional needs and their families vs. a part-time program?

Although I realize that when comparing two systems of educations I am also comparing two socio-economic and political systems, I feel that such a study may have practical benefits. I know that I am strongly prejudiced in favor of the Norwegian system and would therefore like to develop a broader and more objective perspective through review of scientific literature. I hope that my findings will be useful for individual teachers, administrators and policy-makers both in the U.S. and Norway.

1.3. Purpose of this meta-synthesis

This meta-synthesis – which focused on systems of early childhood special education in Norway and USA – had multiple purposes. One purpose was to review the literature on organization of early childhood special education in the United States. The second purpose was to review the literature on preschool-age children with disabilities in Norway. The third purpose was to compare and contrast the two systems. The fourth purpose was to classify each article by publication type, research design, data sources and findings. My final purpose was to identify significant themes that emerged from these articles and connect them to my own experiences as an early childhood special educator who worked in preschool settings in Norway and the United States.

2. Methods

2.1. Selection criteria

The 43 journal articles included in this meta-synthesis met the following selection criteria:

1. The articles explored issues related to early childhood special education and/or inclusive education in Norway; and/or
2. The articles explored issues related to special education and early childhood education and care in the United States.
3. The articles were published in journals related to the field of education.
4. The articles related to early childhood special education in Norway were published between 2001 and 2011, while the articles about early childhood special education in the United States were published between 2004 and 2011.

2.2. Search procedures

Database searches and ancestral searches were conducted to locate articles for this meta-synthesis.

2.2.1. Database searches

In the autumn of 2011 I conducted systematic searches of Education Research Information Center database (ERIC, Ebscohost). I used the following search combinations to conduct Boolean searches of this database:

1. (“special education”) AND (“Norway”).
2. (“inclusion”) AND (“Norway”).
3. (“schools” OR “education”) AND (“disabilities”) AND (“Norway”).
4. (“preschool education”) AND (“Norway”).
5. (“child care”) AND (“Norway”).

6. (“early childhood education”) AND (“Norway”).
7. (“young children”) AND (“disabilities”) AND (“Norway”).
8. (“special education”) AND (“preschool students”).
9. (“inclusion”) AND (“preschool education”).
10. (“inclusion”) AND (“early childhood education”) AND (“special education”).
11. (“early childhood education”) AND (“special education”) AND (“self contained” OR “segregated”).
12. (“inclusion”) AND (“young children”).

These searches yielded a total of 30 articles that met my selection criteria (Bennett, 2006; Bruns & Mogharreban, 2007; Buysse, 2011; Cross et al., 2004; Darragh, 2007; DeVore & Russel, 2007; Division for Early Childhood of the Council for Exceptional Children, 2009; Doggett, 2006; Drugli, Clifford, & Larsson, 2008; Duncan, Ludwig, & Magnuson, 2007; Eikeseth et al., 2002; Eldevik et al., 2006; Etscheidt, 2006; Eldevik et al., 2010; Glenn-Applegate et al., 2010; Harbin, Rous, and McLean, 2005; Hestenes, Cassidy, Shin, & Hegde, 2008; Hurley & Horn, 2010; Knoche et al., 2006; Leatherman, 2007; Lekhal, Zachrisson, Wang, Schjølberg, & von Soest, 2011; Mahoney, Wheeden, & Perales, 2004; Nilsen, 2010; Pérez, Chambers, & Knutson, 2005; Purcell, Horn, & Palmer, 2007; Quesenberry, Hemmeter, & Ostrosky, 2011; Rafferty & Griffin, 2005; Shiel, 2002; Thorsen et al., 2006; Waldfogel & Zhai, 2008).

2.2.2. *Scandinavian journals*

Due to a modest amount of articles about Norway in the ERIC database, I also conducted searches of three Scandinavian journals related to the fields of education, early childhood education, and special education, using the *Nordisk Tidskriftdatabase* [“Nordic Journals Online”] database. The three Scandinavian journals I searched included: *Nordisk Barnehageforskning*

[“Nordic Early Childhood Education Research”], *Norsk Pedagogisk Tidsskrift* [“Norwegian Educational Journal”], and *Nordisk Tidsskrift i Spesialpedagogikk* [Nordic Journal of Special Education]. I used the following search terms to locate articles in these journals that met my selection criteria:

1. (“*spesielle behov*”) [“special needs”] OR (“*særlige behov*”) [“special needs”].
2. (“*spesielle behov*”) [“special needs”] AND (“*barnehage*”) [“kindergarten”].
3. (“*spesialpedagogikk*”) [“special needs education”] AND (“*barnehage*”) [“kindergarten”].

These searches yielded a total of eight articles that met my selection criteria (Børhaug & Lotsberg, 2010; Færevaaag, 2002; Espenakk & Horn, 2002; Kjølås, 2002; Lyngseth, 2008; Løvberg & Alvestad, 2005; Pedersen, 2008; Platou, 2002).

2.2.3 Ancestral searches

An ancestral search involves analyzing the reference lists of previously published works in order to locate literature relevant to one’s topic of interest (Welch, Brownell, & Sheridan, 1999). I conducted ancestral searches of the reference lists of the articles obtained through my database and Scandinavian journal searches. These ancestral searches yielded five additional items that met the selection criteria (Booth-LaForce & Kelly, 2004; deGroot Kim, 2005; Odom et al., 2004; Layzer & Goodson, 2006; Vedeler, 2004).

2.3. Coding procedures

I used a coding form to categorize the information presented in each of the 43 articles. This coding form was based on: (a) publication type; (b) national origin; (c) research design; (d) participants; (e) data sources; and (f) findings of the studies.

2.3.1. Publication types

Each article was evaluated and classified according to publication type (e.g., research study, theoretical work, descriptive article, guide, opinion piece/position paper, annotated bibliography, and review of the literature). *Research studies* use systematic methods to collect and/or analyze quantitative and/or qualitative data; such studies also explicitly describe the nature and use of these methods. *Theoretical works* discuss existing literature to explain, expand or refine current theoretical views and beliefs on particular topics. *Descriptive articles* describe experiences and phenomena but do not rely upon systematic methods of data collection and analysis. *Guides* recommend specific strategies and/or suggest specific ways of implementing particular curricula, programs or models in practice. *Opinion pieces/position papers* are expressions of an author's opinion about or position towards a particular issue based on the author's felt experiences; they may explain or advocate for a particular theoretical framework, educational model, policy or philosophical perspective. *Annotated bibliographies* include a list of articles, books, chapters or documents on a particular topic with a citation and a brief description and/or a critical evaluation of each item. *Reviews of the literature* summarize relevant literature on a particular topic and identify important themes within this body of literature (Table 1).

2.3.2. National origin

I classified each item by national origin. Articles addressing early childhood education/special education in Norway and early childhood education/special education in the United States met the selection criteria and were included in this meta-synthesis (Table 1).

2.3.3. Research design

Each empirical study was classified by research design (i.e., quantitative research, qualitative research, mixed methods research). Quantitative research describes phenomena

through collection and analyses of numerical data obtained in a formal, objective, and systematic manner. Qualitative research relies on language to obtain the information needed to describe and analyze the studied phenomena. Mixed methods research represents a combination of both qualitative and quantitative research methods within a single study (Table 2).

2.3.4. Participants, data sources, and findings

I identified the participants of each study (e.g., preschool students with special needs, parents of preschool children with disabilities, special education preschool teachers). I also analyzed the data sources used in each study (e.g., observation, interviews, questionnaires, standardized tests, surveys). I then summarized the findings of each study (Table 2).

2.4. Data analysis

I used a modified version of the Stevick-Colaizzi-Keen method previously employed by Duke (2011) and Duke and Ward (2009) to analyze the 43 articles included in this meta-synthesis. I first identified significant statements in each article. For the purposes of this meta-synthesis, I considered statements to be significant when they addressed issues related to: (a) organization and quality of early childhood special education in Norway; (b) organization and quality of early childhood special education in the U.S.; (c) inclusion of preschool-age children with disabilities in Norway; (d) inclusion of preschool-age children with disabilities in the U.S.; (e) the impact of organizational aspects and cost of early childhood education and care on families of preschool-age children with disabilities in Norway; and/or (f) the impact of organizational aspects and cost of early childhood education and care on families of preschool-age children with disabilities in the U.S. I then constructed a list of non-overlapping, non-repetitive (verbatim) significant statements with (paraphrased) formulated meanings. The (paraphrased) formulated meanings represented my understanding and interpretation of every

significant statement. Lastly, I grouped all of the formulated meanings into theme clusters (or emergent themes) that represented the essence and content of the entire body of literature used for this meta-synthesis (Table 3).

3. Results

3.1. Publication type

I located 43 articles that met my selection criteria. The publication type of each article is identified in Table 1. Twenty-eight of the 43 articles (65.1%) included in this meta-synthesis were research studies (Booth-LaForce, & Kelly, 2004; Bruns & Mogharreban, 2007; Børhaug & Lotsberg, 2010; Cross et al., 2004; deGroot Kim, 2005; DeVore & Russel, 2007; Drugli et al., 2008; Eikeseth et al., 2002; Eldevik et al., 2006 Eldevik et al., 2010; Etscheidt, 2006; Glenn-Applegate et al., 2011; Hestenes et al., 2008; Hurley & Horn, 2010; Knoche et al., 2006; Leatherman, 2007; Lekhal et al., 2011; Lyngseth, 2008; Løvberg & Alvestad, 2005; Mahoney et al., 2004; Platou, 2002; Purcell et al., 2007; Quesenberry et al., 2011; Rafferty & Griffin, 2005; Rheams & Bain, 2005; Thorsen et al., 2006; Vedeler, 2004; Waldfogel & Zhai, 2008). Seven of the articles (16.3%) were descriptive articles (Espenakk & Horn, 2002; Færevaaag, 2002; Harbin et al., 2005; Nilsen, 2010; Pedersen, 2008; Perez et al., 2005; Shiel, 2002). Four of the articles (9.3 %) were opinion pieces/position papers (Bennett, 2006; DEC/NAEYC, 2009; Doggett, 2006; Layzer & Goodson, 2006). Three of the articles (7.0 %) were guides (Buysse, 2011; Darragh, 2007; Duncan et al., 2007). One of the articles (2.3 %) was a review of the literature (Odom et al., 2004).

3.2. National origin

The national origin of each article is identified in Table 1. Twenty-six of the 43 articles (60.5%) were written by authors living and working in the United States (Booth-LaForce &

Kelly, 2004; Bruns & Mogharreban, 2007; Buysse, 2011; Cross et al., 2004; Darragh, 2007; DEC/NAEYC, 2009; deGroot Kim, 2005; DeVore & Russel, 2007; Doggett, 2006; Duncan et al., 2007; Etscheidt, 2006; Glenn-Applegate et al., 2011; Harbin et al., 2005; Hestenes et al., 2008; Hurley & Horn, 2010; Knoche et al., 2006; Layzer & Goodson, 2006; Leatherman, 2007; Mahoney et al., 2004; Odom et al., 2004; Perez et al., 2005; Purcell et al., 2007; Quesenberry et al., 2011; Rafferty & Griffin, 2005; Rheams & Bain, 2005; Waldfogel & Zhai, 2008). Fifteen articles (34.9 %) were written by Norwegian authors (Børhaug & Lotsberg, 2010; Drugli et al., 2008; Eikeseth et al., 2002; Eldevik et al., 2006; Eldevik et al., 2010; Espenakk & Horn, 2002; Færevaa, 2002; Lekhal et al., 2011; Lyngseth, 2008; Løvberg & Alvestad, 2005; Nilsen, 2010; Pedersen, 2008; Platou, 2002; Thorsen et al., 2006; Vedeler, 2004). Two articles (4.7 %) were written by authors in the United Kingdom (Bennett, 2006; Shiel, 2002).

Table 1

Author(s) & Year of Publication	Publication Type	National Origin
Bennett, 2006	Opinion Piece/Position Paper	United Kingdom
Booth-LaForce, & Kelly, 2004	Research Study	United States
Bruns & Mogharreban, 2007	Research Study	United States
Buyse, 2011	Guide	United States
Børhaug & Lotsberg, 2010	Research Study	Norway
Cross, Traub, Hutter- Pishgahi, & Shelton, 2004	Research Study	United States
Darragh, 2007	Guide	United States
deGroot Kim, 2005	Research Study	United States
DEC/NAEYC, 2009	Opinion Piece/Position Paper	United States
DeVore & Russel, 2007	Research Study	United States
Doggett, 2006	Opinion Piece/Position Paper	United States
Drugli, Clifford, & Larsson, 2008	Research Study	Norway
Duncan, Ludwig, & Magnusson, 2007	Guide	United States
Eikeseth, Smith, Jahr, & Eldevik, 2002	Research Study	Norway
Eldevik, Eikeseth, Jahr, & Smith, 2006	Research Study	Norway
Eldevik, Jahr, Eikeseth, Hastings, & Hughes, 2010	Research Study	Norway
Espenakk & Horn, 2002	Descriptive Article	Norway
Etscheidt, 2006	Research Study	United States
Færevaag, 2002	Descriptive Article	Norway
Glenn-Applegate, Pentimonti, & Justice, 2011	Research Study	United States
Harbin, Rous, & McLean, 2005	Descriptive Article	United States
Hestenes, Cassidy, Shin, & Hegde, 2008	Research Study	United States
Hurley & Horn, 2010	Research Study	United States
Knoche, Peterson, Edwards, & Jeon, 2006	Research Study	United States
Layzer & Goodson, 2006	Opinion Piece/Position Paper	United States
Leatherman, 2007	Research Study	United States
Lekhal, Zachrisson, Wang, Schølberg, & von Soest, 2011	Research Study	Norway
Lyngseth, 2008	Research Study	Norway
Løvberg & Alvestad, 2005	Research Study	Norway
Mahoney, Wheeden, & Perales, 2004	Research Study	United States
Nilsen, 2010	Descriptive Article	Norway

Odom et al., 2004	Review of the Literature	United States
Pedersen, 2008	Descriptive Article	Norway
Pérez, Chambers, & Knudson, 2005	Descriptive Article	United States
Platou, 2002	Research Study	Norway
Purcell, Horn, & Palmer, 2007	Research Study	United States
Quesenberry, Hemmeter, & Ostrosky, 2011	Research Study	United States
Rafferty & Griffin, 2005	Research Study	United States
Rheams & Bain, 2005	Research Study	United States
Shiel, 2002	Descriptive Article	United Kingdom
Thorsen, Bø, Løge, & Omdal, 2006	Research Study	Norway
Vedeler, 2004	Research Study	Norway
Waldfoegel & Zhai, 2008	Research Study	United States

3.3. Research design, participants, data sources, and findings of the studies

As previously stated, I found 28 research studies that met my selection criteria (Booth-LaForce & Kelly, 2004; Bruns & Mogharreban, 2007; Børhaug & Lotsberg, 2010; Cross et al., 2004; deGroot Kim, 2005; DeVore & Russel, 2007; Drugli et al., 2008; Eikeseth et al., 2002; Eldevik et al., 2006; Eldevik et al., 2010; Etscheidt, 2006; Glenn-Applegate et al., 2011; Hestenes et al., 2008; Hurley & Horn, 2010; Knoche et al., 2006; Leatherman, 2007; Lekhal et al., 2011; Lyngseth, 2008; Løvberg & Alvestad, 2005; Mahoney et al., 2004; Platou, 2002; Purcell et al., 2007; Quesenberry et al., 2011; Rafferty & Griffin, 2005; Rheams & Bain, 2005; Thorsen et al., 2006; Vedeler, 2004; Waldfogel & Zhai, 2008). The research design, participants, data sources, and finding of each of these studies are presented in Table 2.

Table 2

Authors	Research Design	Participants	Data Sources	Findings
Booth-LaForce, & Kelly, 2004	Quantitative	166 U.S. mothers and their children with developmental disabilities between 12 and 45 months of age, and a comparison sample of 1,300 typically developing children and their families	Phone interviews with mothers and in-person assessments of children	Compared to typically developing children, the study participants entered childcare at an older age, remained there for fewer hours, and their childcare arrangements were more likely to be informal. The quality and cost of childcare, distance/transportation, and integration with other services received the highest rating among childcare-related concerns for the parents.
Bruns & Mogharreban, 2007	Quantitative	83 Head Start and 37 public pre-school teachers in the U.S.	The STARS Needs Assessment (partially based on a 5-point Likert Scale) which was developed from existing ECE and ECSE literature in order to learn about early childhood professionals' inclusion-related beliefs and training needs	Head Start and pre-school professionals shared positive beliefs about inclusion and relied on similar practices for promoting it. However, both categories of participants were less certain of specialized practices such as implementing IEPs, using alternative forms of communication and positioning children with motor impairments.
Børhaug & Lotsberg, 2010	Qualitative	Directors of 10 kindergartens in 3 different municipalities in Norway	Partially-structured interviews	The study participants described one of their main professional tasks as interacting with and guiding preschool teachers about individual children with special needs, and in certain cases heading the assessment process for these students. Another important task was distributing the extra resources allotted for special needs' students in an efficient manner.

Cross, Traub, Hutter-Pishgahi, & Shelton, 2004	Qualitative	43 individuals who provided services, supports and education to 7 young children with significant disabilities in inclusive settings in the U.S. These individuals included therapists, administrators, teaching staff and family members.	Interviews, observations of practitioners, and examination of written records (e.g., IEPs and IFSPs)	Participants shared positive attitudes and beliefs towards inclusion. Parents were involved and active participants in their children's education. Staff members actively sought parent contribution. Communication and individual flexibility among team members were seen as necessary components in supporting inclusive practices, although effective communication presented a challenge at times. All of the adults who worked with the students implemented adaptations for general functioning, social activities, and play and learning.
DeVore & Russell, 2007	Qualitative	39 special education community stakeholders, including school staff, school administrators and family members in a small rural Midwestern community in the U.S.	Interviews, site visits, focus group meetings, community collaborative group meetings as elements of a cooperative inquiry process	A small team of professionals implemented inclusive practices by first making changes on a small scale, and then identifying and involving community leaders to create change on a larger scale. As a result, in the course of two years the local corporate childcare center initiated and expanded inclusive practices through grant-writing and community-wide planning and cooperation. Logistical supports were provided by the school district, and funds were obtained to expand existing special education positions and create new ones.
deGroot Kim, 2005	Qualitative	A 3-year-old boy with physical disabilities in an inclusive preschool classroom in the U.S.	Weekly half-hour observations in the course of 5 months	The preschool classroom's curriculum was found to have an effect on opportunities for developing social competence and relationships for all children as well as the student with disabilities. Creative and self-initiated play with other children in the socio-dramatic area in the

				<p>absence of his assistant offered the study participant an environment and a motivation to make connection with other children and push himself towards physical progress. Although the teacher appeared aware of these tendencies, she did not try to create more opportunities for the student to engage in self-initiated and natural interactions with other children.</p>
Drugli, Clifford, & Larsson, 2008	Qualitative	27 teachers of children with conduct problems in daycare and primary school in Norway	Open interviews with each teacher	<p>Most teachers described a close and engaged relationship with their students. Teachers used within-discipline and within-classroom approaches to managing their students' behavior, but their practices were not deeply rooted in evidence-based methods. Although collaboration with parents was reported as important and necessary, it was pursued to a limited degree. The teachers were dissatisfied with the perceived low degree of involvement from the supplementary services.</p>
Eikeseth, Smith, Jahr, & Eldevik, 2002	Quantitative	25 children with autism between 4 and 7 years of age in public kindergartens and elementary schools in Norway	Psychological tests (WISC-R, WPPSI-R, The Bayley Scales of Infant Development – Revised, The Merrill-Palmer Scale of Mental Tests, The Reynell Developmental Language Scales and The Vineland Adaptive Behavior Scales)	<p>The group of children who received behavioral treatment at least 20 hours a week for a year demonstrated more gains in all areas than the group that received eclectic treatment in the same amount and during the same period of time.</p>

Eldevik, Eikeseth, Jahr, & Smith, 2006	Quantitative	28 children with autism and mental retardation in public kindergartens and elementary schools in Norway	Psychological tests (WISC-R, WPPSI-R, The Stanford-Binet Intelligence Scale, The Bayley Scales of Infant Development – Revised, The Merrill-Palmer Scale of Mental Tests, The Reynell Developmental Language Scales, The Psycho-Educational Profile-Revised and The Vineland Adaptive Behavior Scales); a scale-based measure for estimating pathology (adapted from Lovaas, 1987) and the ICD-10 classification of degrees of mental retardation	After receiving treatment 12 hours a week in the course of 2 years, the behavioral group made more significant gains on all measures than the eclectic group. The gains were more modest than those reported in previous studies where children received more intensive behavioral treatment.
Eldevik, Jahr, Eikeseth, Hastings, & Hughes, 2010	Quantitative	25 children between 2 and 6 years of age with the diagnosis of mental retardation in public kindergartens in Norway	Psychological tests (WPPSI-R, The Stanford-Binet Intelligence Scale, The Bayley Scales of Infant Development – Revised and The Vineland Adaptive Behavior Scales)	After 1 year of treatment 10 hours a week, the group that received behavioral treatment experienced significantly greater changes in cognitive and adaptive scores than the group that received eclectic treatment.

Etscheidt, 2006	Qualitative	This study is a review of court decisions in the U.S. and there were no direct participants.	Qualitative content methodology approach applied to 34 published decisions from court cases dealing with children with special needs aged 0 to 5	An analysis of administrative and judicial decisions revealed four themes: placement decisions were based on the potential for academic and nonacademic benefits, placement decisions were based on readiness for inclusion, placement decisions were based on instructional approaches, and placement decisions must be based on the considerations of a full continuum of options. The analysis showed that when appropriate, a placement in private preschools should be considered to ensure FAPE in the least restrictive environment. Availability of inclusive public preschool programs should be increased through expanding professional development, improving the “readiness” of inclusive placements, and exploring and efficiently coordinating opportunities for inclusion.
Glenn-Applegate, Pentimonti, & Justice, 2011	Mixed Methods	54 parents of preschool-age children with disabilities in the U.S.	A questionnaire with close-ended and open-ended questions	There was a substantial variability in the number of factors parents considered while choosing a preschool for their child with disabilities. Many parents felt that their current preschool was their only option, and their choice was heavily influenced by the preschool’s location and availability of space. Parents were concerned that preschools would turn them away because of their children’s disabilities, or that their children’s needs will not be addressed properly. Parents of children with disabilities often

				had to lower their standards for the safety or teachers' education to simply find placement for their child.
Hestenes, Cassidy, Shin, & Hegde, 2008	Quantitative	<p>Study 1: 1,313 preschool classrooms in North Carolina</p> <p>Study 2: 24 non-inclusive and 20 inclusive preschool classrooms in three mid-size cities in North Carolina</p>	<p>Study 1: ECERS-R, a 43 items observational instruments completed in 3-4 hours of observation</p> <p>Study 2: ECERS-R, and TCIS, an observational measure designed to code the amount, quality, and appropriateness of the teachers' interactions with young children</p>	<p>Study 1: Inclusive classrooms had higher global child care quality and higher educated and more experienced teachers compared to non-inclusive programs.</p> <p>Study 2: Inclusive and non-inclusive classrooms did not differ in their total scores of global quality. Overall, including children with disabilities in regular preschool classrooms did not result in lower quality programs or in less adequate teacher-child interactions.</p>
Hurley & Horn, 2010	Mixed methods	Family members of 10 children with disabilities served in inclusive settings, and 10 early childhood professionals working in inclusive programs in the U.S.	A Q sample contained 80 characteristics describing inclusive early childhood programs. These characteristics were sorted by the participants according to the degree of their importance. 30-minute interviews were conducted with emphasis on the participants' choices of program characteristics.	Some of the characteristics most valued by family members and providers included: access for all children and welcoming and caring personnel; personnel who ensured active participation of children with disabilities in classroom activities; program personnel that foster collaboration among families, teachers, administrators and other professionals; and overall high quality of the program.

Knoche, Peterson, Edwards, & Jeon, 2006	Quantitative	2022 child care providers in home- and center-based settings in the U.S.; 1325 parents of children in the observed child-care setting, mostly with disabilities, in the U.S.	A telephone survey for the providers; the Caregiver Interaction Scale, The Infant/Toddler Environment Rating Scale, The Early Childhood Environment Rating Scale-Revised Edition, and The Family Daycare Rating Scale for program observations; a 48-question survey for the parents.	Providers who had training related to child development were more likely to work in inclusive settings than in non-inclusive settings. Children with disabilities experienced multiple types of care due to lack of availability of appropriate child care arrangements. Despite using available subsidies, parents with children with disabilities reported higher stress related to child care services and working conditions even after controlling for income and type of care.
Leatherman, 2007	Qualitative	8 teachers in inclusive early childhood classrooms in the U.S.	Interviews, observations and field notes	The teachers felt that the inclusive classroom was a great place for children and adults, but they expressed a need for more training and support from administrators, peers, therapists and agencies. As a result of previous positive experiences in an inclusive classroom, the teachers were more likely to encourage or seek out an inclusive classroom setting.
Lekhal, Zachrisson, Wang, Schølberg, & von Soest, 2011	Quantitative	19,919 children and their parents in Norway	Questionnaire	Attendance of universally accessible child care at 1.5 and 3 year of age was related to a reduced risk for late talking. Children attending center care full-time at age 3 showed less late talking than their peers who attended part-time.
Lyngseth, 2008	Qualitative	A kindergarten director and a preschool teacher in two different kindergartens in Norway	Qualitative interviews	As a result of preparatory training before using the language registration and observation tool "TRAS" and during its use, all staff became more conscious of and

				<p>knowledgeable about children's language development. They became more aware of ways to support and stimulate children's language development in daily routine situations. The staff scheduled, planned and later discussed their observations, and regarded the process in the dynamic perspective. The staff in both kindergartens had plans to continue using "TRAS" and make observations part of daily routine and play situations.</p>
Løvberg & Alvestad, 2005	Qualitative	9 preschool teachers in Norway	Qualitative interviews	<p>The feeling of unity and closeness to each other was named as an objective and important element of the kindergarten environment for children both with and without special needs. Finding enough personnel for children with special needs in an inclusive kindergarten was cited as a challenge. The informants also described recent tendencies in merging of special and general education in kindergartens. All children as a group were seen as an important resource for teaching special needs children. Similarly, the benefits of involving all staff in working with special needs children were mentioned, as opposed to individuals being "assigned" to these children.</p>
Mahoney, Wheeden, & Perales, 2004	Quantitative	34 preschool teachers and 70 children with disabilities from 41 ECSE classrooms in northeastern Ohio	The Bayley Scales of Infant Development and the Stanford-Binet Intelligence Scale – Fourth Edition, used for test-retest; videotaped	<p>The effects of three different instructional models (didactic, naturalistic and developmental) were the focus of this study. Despite the considerably different experiences associated with each one of the three different instructional models commonly used in preschool</p>

			observations of parent-child interactions in the children's homes, videotaped observations of teacher-child interactions, global classroom observations, all coded on a 5-point Likert scale	classrooms, these models appeared to have only modest effects on the children. The three different models appeared to have no effect on the children's rate of developmental growth. Despite the absence of intervention effect on parents' style of interaction, parents' style of interaction was the only variable that significantly correlated with children's level of developmental functioning.
Platou, 2002	Qualitative	5 children between 3 and 5 years of age with language delays their parents and 5 kindergarten teachers in the children's kindergartens in Norway	Interviews with the kindergarten teachers and the children's parents	As a result of treatment in small groups 3 hours 3 times a week for 12 weeks, based on the Language Acquisition Preschool Model, the teachers and parents reported the following effects on the children: increased language activity and usage, improved articulation and easier to understand, increased self-confidence and interest in reading books. Although a few of the children had some improvement in their morphological and phonological development, most children did not experience any significant structural linguistic improvement.
Purcell, Horn, & Palmer, 2007	Qualitative	Current and former district or cooperative staff who have been involved in initiation and continuation of 5 inclusive programs for children with special needs in a Midwestern state in the U.S.	Primarily one-on-one, but also some group semi-structured interviews	Key personnel who set things in motion (usually administrative staff) and whose values and vision were similar to that of the staff were the overwhelmingly predominant factors for initiation and continuation of inclusive preschool programs at all sites. Organization structure (such as teaming activities among staff, cooperation with other agencies) was another supporting factor. Lack of shared vision, poor collaborative relationships and

				federal policy changes were found to be the factors that challenge initiation and continuation of inclusive preschool programs.
Quesenberry, Hemmeter, & Ostrosky, 2011	Quantitative	Staff of 6 Head Start programs in the Midwestern U.S.	Rubric for reviewing Head Start policies and procedures related to child guidance and behavior (developed by the authors), interviews, document analysis	Programs that were rated high in one area tended to be rated high in other areas, while the same relationships was true for programs rated low. The highest score across all programs on the Rubric was for involving families. Programs consistently received low scores on the Rubric items that focused on supporting children with challenging behaviors. The study provides evidence of lack of clarity in policies and procedures related to expulsion of children with challenging behaviors.
Rafferty & Griffin, 2005	Quantitative	237 parents of children with and without disabilities in suburban areas of New York State, and 118 providers in reverse inclusion preschool programs that these children attended	Survey	Providers and parents strongly agreed that inclusion was beneficial for preschoolers both with and without disabilities. However, parents' concern about the risks of reverse inclusion for both groups of children was greater than that of the providers. Parents and providers reported greater support for including children with mild and moderate disabilities than those with severe disabilities.
Rheams & Bain, 2005	Quantitative	137 early childhood teachers in self-contained (SC) or inclusive (INC) settings in the U.S.	Social Interaction Program Features Questionnaire, Teacher Belief Scale, Instructional Activities Scale, Attitude Towards Inclusion Scale, and Teacher Efficacy Scale	Teachers in both SC and INC groups had strikingly similar perceptions of appropriate interventions. Both groups expressed the general perception that additional training was necessary to ensure success in social interaction interventions. The INC teachers were more likely to cite problems around educating children with disabilities than SC teachers.

				There was a modest correlation across the two groups between attitudes towards including children with disabilities and satisfaction with support. The mean score for developmental appropriateness was significantly lower for the INC group.
Thorsen, Bø, Løge, & Omdal, 2006	Quantitative	207 parents of preschool-age children (with and without disabilities), 45 kindergarten centers' professionals and 38 school professionals in Norway	Questionnaire	All three groups of respondents reported broadly similar priorities regarding information, the highest being information about special needs, followed by information about social competence. The parents attached more importance to their children's development and cognitive characteristics than did the professionals.
Vedeler, 2004	Qualitative	<p>Study 1: Two 4-year-old boys with a language impairment and two typically developing peers in a kindergarten in Norway</p> <p>Study 2: Seven 6-year-old children of which 4 had fetal alcohol and drug syndrome, and 3 were typically developing peers in a kindergarten in Norway</p> <p>Study 3: Two 5-year-old children with a moderate hearing loss in a</p>	<p>Study 1: 9 observations, each one videotaped for 30 minutes</p> <p>Study 2: Children were observed in free play in small peer groups, and 61 half-hour videotaped observations were taken</p> <p>Study 3: Video observations and field notes</p> <p>Study 4: 9 video observations 30 minutes each, and field notes from</p>	<p>Children with disabilities used fewer successful coping strategies than their non-disabled peers, and had difficulties with coherence in play, communicating in context, and using relevant language, behavior and objects. Additionally, children with fetal alcohol and drug syndrome appeared less enthusiastic in play, gave fewer positive responses and appeared to have less shared understanding with the others. The children with hearing impairment in study 3 also had difficulties understanding what was going on in the play group and how the play process developed. Additionally, in study 4, the participant's coping skills improved considerable with the "right" peer who was willing to accept him and help him succeed in a play situation.</p>

<p>Waldfogel & Zhai, 2008</p>	<p>Quantitative</p>	<p>kindergarten in Norway</p> <p>Study 4: A 5-year-old boy with socio-emotional problems in a kindergarten in Norway</p> <p>This article analyzes two TIMSS studies (“Trends in International Mathematics and Science Study”). The studies were performed in 1995 and 2003 in seven OECD countries. 28,437 children were included in 1995, and 33,857 in 2003.</p>	<p>socio-dramatic and construction play</p> <p>Secondary data sources including a survey administered at schools and data on public preschool expenditure extracted from OECD online database</p>	<p>There were small but significant positive effects of public preschool expenditures on math and science scores of 4th graders. Preschool expenditure reduced the risk of children scoring in the lower levels of proficiency. There was also some evidence that the children from low-income homes and homes where test language is not always spoken may tend to gain more from public preschool expenditure than other children.</p>
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3.3.1. Research design

Fourteen of the 28 research studies (50.0%) included in this meta-synthesis employed a quantitative research design (Booth-LaForce & Kelly, 2004; Bruns & Mogharreban, 2007; Eikeseth et al., 2002; Eldevik et al., 2006; Eldevik et al., 2010; Hestenes et al., 2008; Knoche et al., 2006; Lekhal et al., 2011; Mahoney et al., 2004; Quesenberry et al., 2011; Rafferty & Griffin, 2005; Rheams & Bain, 2005; Thorsen et al., 2006; Waldfogel & Zhai, 2008). Twelve of the studies (42.9%) used a qualitative research design (Børhaug & Lotsberg, 2010; Cross et al., 2004; deGroot Kim, 2005; DeVore & Russell, 2007; Drugli et al., 2008; Etscheidt, 2006; Leatherman, 2007; Lyngseth, 2008; Løvberg & Alvestad, 2005; Platou, 2002; Purcell et al., 2007; Vedeler, 2004). Two studies (7.1 %) used a mixed methods design, where both quantitative and qualitative data were collected and analyzed (Glenn-Applegate et al., 2011; Hurley & Horn, 2010).

3.2.2. Participants and data sources

The 28 studies included in this meta-synthesis analyzed data collected from family members of preschool-age children with and without disabilities, teachers and various service providers (including various administrative staff) of preschool-age children with and without disabilities, directors of preschool centers, preschool-age children with and without disabilities, elementary school students with and without disabilities, elementary school teachers, and court cases involving preschool-age children with disabilities. Seventeen of the studies (60.7 %) analyzed data collected from teachers and various other service providers of preschool-age children with disabilities (Bruns & Mogharreban, 2007; Cross et al., 2004; DeVore & Russel, 2007; Drugli et al., 2008; Hestenes et al., 2008; Hurley & Horn, 2010; Knoche et al., 2006; Leatherman, 2007; Lyngseth, 2008; Løvberg & Alvestad, 2005; Mahoney et al., 2004; Platou, 2002; Purcell et al.,

2007; Quesenberry et al., 2011; Rafferty & Griffin, 2005; Rheams & Bain, 2005; Thorsen et al., 2006). Ten of the studies (35.7 %) analyzed data collected from preschool-age children with and without disabilities (Booth-LaForce & Kelly, 2004; deGroot Kim, 2005; Eikeseth et al., 2002; Eldevik et al., 2006; Eldevik et al., 2010; Hestenes et al., 2008; Lekhal et al., 2011; Mahoney et al., 2004; Platou, 2002; Vedeler, 2004). Ten studies (35.7 %) analyzed data collected from family members of children with and without disabilities (Booth-LaForce & Kelly, 2004; Cross et al., 2004; DeVore & Russel, 2007; Glenn-Applegate et al., 2011; Hurley & Horn, 2010; Knoche et al., 2006; Lekhal et al., 2011; Platou, 2002; Rafferty & Griffin, 2005; Thorsen et al., 2006). Three of the studies (10.7 %) analyzed data collected from elementary school students (Eikeseth et al., 2002; Eldevik et al., 2006; Waldfogel & Zhai, 2008). Two studies (7.1 %) analyzed data collected from directors of preschool centers (Børhaug & Lotsberg, 2010; Lyngseth, 2008). Two studies (7.1 %) analyzed data collected from elementary school teachers (Drugli et al., 2008; Thorsen et al., 2006). One study (3.6 %) analyzed data collected from court cases involving preschool children with disabilities (Etscheidt, 2006).

Most of the studies reviewed for this meta-synthesis used interviews, observation, scale-based assessment instruments, document/policy analysis, psychological tests, and/or questionnaires to collect data from participants. Twelve of the 28 studies (42.9 %) used interviews to collect data (Booth-LaForce & Kelly, 2004; Børhaug & Lotsberg, 2010; Cross et al., 2004; DeVore & Russel 2007; Drugli et al., 2008; Hurley & Horn, 2010; Leatherman, 2007; Lyngseth, 2008; Løvberg & Alvestad, 2005; Platou, 2002; Purcell et al., 2007; Quesenberry et al., 2011). Eight of the studies (28.6 %) analyzed data collected through observation (Booth-LaForce & Kelly, 2004; Cross et al., 2004; deGroot Kim, 2005; DeVore & Russel, 2007; Hestenes et al., 2008; Leatherman, 2007; Mahoney et al., 2004; Vedeler, 2004). Six of the

studies (21.4 %) relied on scale-based assessment instruments for data-collection (Bruns & Mogharreban, 2007; Eldevik et al., 2006; Hestenes et al., 2008; Knoche et al., 2006; Mahoney et al., 2004; Rheams & Bain, 2005). Four of the studies (14.3 %) used document/policy analysis (Cross et al., 2004; Etscheidt, 2006; Quesenberry et al., 2011; Waldfogel & Zhai, 2008). Four studies (14.3 %) utilized psychological testing (Eikeseth et al., 2002; Eldevik et al., 2006; Eldevik et al., 2010; Mahoney et al., 2004). Four studies (14.3 %) used questionnaires to collect data (Glenn-Applegate et al., 2011; Lekhal et al., 2011; Rheams & Bain, 2005; Thorsen et al., 2006). Other sources that were used in many of the studies included: surveys, field notes, a rubric, a q-sorting procedure, focus group meetings, community collaborative group meetings, and International Classification of Diseases (ICD-10).

3.3.3. Findings of the studies

The findings of the 28 studies included in this meta-synthesis can be summarized as follows:

1. Administrators' support, involvement and sense of ownership, as well as well-coordinated cooperation with other agencies in the community is essential for seamless and inclusive early childhood education in both the U.S. and Norway. Teachers' attitudes towards their students with disabilities correlate with the amount of support that they receive from administrators and agencies. Teachers experience a need for additional training and multi-faceted professional development to ensure high-quality instruction to students with disabilities. Involvement and training of all staff is important, as opposed to assigning a particular staff member to a particular student. Successful initiation and continuation of inclusive preschool programs is only possible when shared vision and collaborative relationships are established between program personnel, key administrators and other agencies.

2. Preschool expenditures and availability of child care during early childhood have an effect on children's development later on in their school career, including the development of special needs. Attendance of universally accessible child care in Norway is related to a reduced risk for late talking, while preschool expenditures reduce the risk of students scoring in lower levels of proficiency in elementary school in both Norway and the U.S.

3. Parents and teachers of preschool students with disabilities in the U.S. provide descriptions of characteristics of high-quality inclusive preschool programs, as well as their possible challenges and risks. Some of the characteristics of such programs are communication and individual flexibility of team members, access and participation for all children through use of adaptations by all adults in multiple areas, and strong collaboration between families, teachers, administrators and other professionals. Including children with disabilities in regular preschool classrooms does not result in lower-quality programs. However individual experiences show that teachers do not always provide opportunities for students with disabilities to succeed in inclusive settings and that students with mild and moderate disabilities are often given more opportunities to be included than students with severe disabilities.

4. While the quality of interaction between parents and their children is crucial for children's development, parents of preschool-age children with disabilities in the U.S. experience a great deal of stress related to the quality and cost of child care, transportation, and integration of child care with other services. They feel that their choice of child care is often influenced by their child care provider's location, their own working schedules and the provider's attitude to children with disabilities. As a result, they often have to lower their standards for child care and education in order to secure a placement for their child.

5. Access to instruction and services that are not typically part of a standard early childhood center curriculum in Norway has a very positive effect on children with disabilities who attend inclusive preschool and child care centers. The practices of preschool teachers are not always deeply rooted in evidence-based methods, and the highly desired involvement from supplementary services is often perceived as insufficient.

3.4. Emergent themes

Ten themes emerged from my analysis of the 43 articles included in this meta-synthesis. These emergent themes (or theme clusters) include: (a) characteristics of ECE and ECSE environments in Norway; (b) characteristics of ECE and ECSE environments in the U.S.; (c) inclusion of children with disabilities in Norway; (d) inclusion of children with disabilities in the U.S.; (e) characteristics of families of children with disabilities in Norway; (f) characteristics of families of children with disabilities in the U.S.; (g) obstacles to development of high-quality inclusive ECE environments in Norway; (h) obstacles to development of high-quality inclusive ECE environments in the U.S.; (i) necessary conditions for developing and maintaining high-quality inclusive ECE environments in Norway; and (j) necessary conditions for developing and maintaining high-quality inclusive ECE environments in the U.S. These ten theme clusters and their associated formulated meanings are presented in Table 3.

Table 3

Theme Clusters	Formulated Meanings
Characteristics of ECE and ECSE Environments in Norway	<ul style="list-style-type: none"> • Quality of child care in Norway is generally high. • Norway has the highest preschool expenditures per child among the OECD countries. • ECSE is part of regular ECE, which in its turn is part of central educational legislation and common national framework for the education system. • Norway's common pedagogical curriculum aims to promote a more even level of quality in ECE centers, provide guidance to staff and ensure pedagogical continuity with school. • ECE centers are staffed with 1 adult per 3 children under the age of 3, and 1 adult per 6 children under the age of 6. • If an ECE center enrolls a child with special needs, it receives additional staff depending on this child's needs. • Directors of ECE centers are physically present in the centers most of the time, and are actively involved in professional guidance of all staff, as well as all administrative issues related to children with disabilities. • Staff members in many ECE centers try to involve the parent population and ensure their customer satisfaction through daily communication with them, following parents' suggestions for parent meeting themes, using digital technology to share children's activities with parents, and conducting surveys to find out what parents need and want. • Because Norway considers ECE a public responsibility and a political priority, ECE programs are heavily subsidized and accessible to all children regardless of family income or parents' employment status. • Helping all children develop socio-emotional competence through play and natural daily activities is one of the major functions of ECE centers in Norway, culturally and as prescribed by the common national curriculum and pedagogical framework. • ECE centers have the tradition of stimulating all children's language, communication and phonological awareness through play-oriented or daily routine activities. • Prevention and detection of special needs and coordination of services for children with disabilities is an important and official function of ECE centers. A language assessment tool is universally used on all children, and provides a basis for detecting delays in language and social development. • Pull-out approach is commonly used for providing special instruction to children with disabilities, but they are mainstreamed with the rest of the group the majority of the day. • Norway's pedagogical tradition, national curriculum and pedagogical framework promote a merger of general education and special education on multiple levels.

	<ul style="list-style-type: none"> • Questions have been asked about whether an all-inclusive ECE setting is able to effectively meet the needs of an extremely diverse population of young children.
Characteristics of ECE and ECSE Environments in the U.S.	<ul style="list-style-type: none"> • The overall quality of both inclusive and self-contained early childhood settings appears to be generally mediocre. • U.S. expenditures on preschool are ranked in the middle among the seven OECD countries. • Higher preschool expenditures are associated with improving children's academic performance in the future and diminishing the school failure of children from low-resource families. • While the U.S. considers provision of special education services for preschool children a public responsibility, child care and education in other contexts is provided largely by family members, employers and private ECE programs. • There is no common national accountability system for ECSE or preschool programs, and no common set of national standards and expectations for other child care settings. • Children with disabilities enter child care setting at an older age than their non-disabled peers, and remain there for fewer hours. • Higher teacher education and certification requirements, smaller-size classes and higher staff-to-child ratio are associated with higher quality of ECE settings.
Inclusion of Children with Disabilities in Norway	<ul style="list-style-type: none"> • An overwhelming majority of children with disabilities in Norway attend inclusive ECE centers in their local communities. • Preschool teachers who work with children with disabilities report receiving good support from their colleagues, with special education teams created and working in within some centers. • Quality and contents of special education services provided to children with disabilities varies significantly across the country. • Studies have found that eclectic treatment offered to some children with disabilities in inclusive ECE settings is not as effective as more intensive and specialized treatment for which ECE centers do not usually have capacity and training. • Because preschool teachers have little training related to children with special needs, many experience uncertainty about intervention techniques and procedures for referral to special education. • Based on their attitudes, training and experience, ECE center staff members interpret the theoretical and legal principles of including children with special needs into practical routines. • Although cooperation with parents is generally a high priority, staff-parent relationships are not always successful in working with children with disabilities.

**Inclusion of
Children with
Disabilities in
the U.S.**

- About half of all preschool children who receive special education services also participate in an inclusive educational or care-giving setting. Less than half of these children receive special education services in these inclusive settings.
- Little is known about the quality and effectiveness of diverse services provided to eligible preschool children with disabilities across the country.
- Although many local education agencies do not provide preschool for children without disabilities, some of them look for cooperation within the community to create inclusive options for children with disabilities.
- While most states offer publicly funded pre-k programs and implement diverse delivery, and a few states offer universal pre-k programs, some states offer no public pre-k at all.
- Initiation of inclusive programs or movement towards higher quality and more accessible child care is often set in motion by individuals (parents, teachers, administrators) or private organizations.
- Although some inclusive programs have access to technical assistance and trained staff, a large number of early childhood programs and their staff are poorly prepared to include children with disabilities.
- Such factors as college-educated teachers who are appropriately paid, academically-oriented curriculum that provides multiple opportunities for natural social interactions, and higher staff-to-child ratio are associated with higher quality and effectiveness of inclusive programs.
- Parents of children with and without disabilities as well as ECE providers have a positive attitude towards inclusive ECE environments.
- Levels of planned interactions between children with and without special needs vary substantially even within inclusive programs (for example, full inclusion, the cluster model or reverse inclusion).
- Providers in ECE settings are more accepting of and better prepared to include children with mild and moderate disabilities, and less prepared for and more concerned about including children with severe disabilities.
- Children with challenging behaviors may be expelled from Head Start, private preschools and daycare programs.
- Equally positive developmental outcomes and greater progress in areas of social development, communication and play occur for children with disabilities in inclusive settings compared to children with disabilities in non-inclusive settings, although they are not as socially integrated as their typical peers.
- Inclusive programs may be less expensive to school districts than traditional special education programs.
- Administrative decisions about inclusive placement of children with disabilities may depend on the administrators' attitudes, beliefs and interpretation of social policy.
- There have been movements and initiatives to provide high-quality, affordable and accessible education and care for young children with special needs or from low-income families.

Characteristics of Families of Young Children with Disabilities in Norway	<ul style="list-style-type: none"> • Norway has the highest expenditures for family cash benefits, health, and other social programs among the OECD countries, and a very low child poverty rate (3.4%). • ECE centers are available to all children up to 10 hours a day on weekdays.
Characteristics of Families of Young Children with Disabilities in the U.S.	<ul style="list-style-type: none"> • Because families of children with disabilities have additional expenses related to their children's needs, they often have a lower net income than most families with non-disabled children. • Low-income parents are more likely to rely on informal child care because of affordability and flexibility issues. • Mothers of children with disabilities have more erratic employment patterns than mothers of non-disabled children, and some even report workplace discrimination. • Parents of children with disabilities often disagree with programs proposed by state agencies and school districts, and the issue of LRE is often predominant in these disputes. • American expenditures on family cash benefits, health and other social programs rank in the middle among the OECD countries, while the child poverty rate is significant (21.9%). • Families experience a very low degree of coordination of services for their children with disabilities. • Child care issues (quality, cost and mid-day transportation) are the most important problem reported by parents of children with disabilities. • Many families choose to not place their children with disabilities in daycare because they are afraid that their children's special needs will not be addressed properly. • Families experience that gaining access to inclusive programs for their children with disabilities is a difficult and stressful task where they have few options. • Parents' style of interaction with their children with disabilities may be more significant for their rate of development than the intervention they receive in early childhood settings.
Obstacles to Development of High-Quality Inclusive ECE Environments in Norway	<ul style="list-style-type: none"> • Staff in ECE centers experience lack of involvement and cooperation with external partners regarding children with special needs. • Teachers in ECE centers often lack a long-term perspective in working with children with disabilities and tend to use practices that are not research-based, but rather based on personal experiences and beliefs. • Extended waiting and processing times in the bureaucratic system lead to significant delays in obtaining extra resources and services for children with disabilities in ECE centers.

Obstacles to Development of High-Quality Inclusive ECE Environments in the U.S.	<ul style="list-style-type: none"> • Incompatible regulations, different agendas and lack of common standards across programs make cooperation difficult. • In many respects, early childhood education and special education have traditionally been and remain two different fields. • Existing accountability systems do not always target the most important goals and indicators, while existing assessment instruments in the field of ECSE may not be appropriate for the task for reporting annual progress of a child. • Although more children with disabilities attend inclusive ECE settings, systematic programmatic inclusion goals for the field of early childhood education have failed to emerge. • School districts are often unable to offer a full continuum of placement options due to transportation costs, lack of qualified personnel and population demographics. • Lack of necessary supports to a program (training, staff and resources) creates apprehension and unwillingness to include children with special needs in typical ECE settings, and lowers the quality of the services these children receive in these environments. • Current federal government budget priorities reflect lack of belief in the influence of preschool on children's later achievements and success.
Necessary Conditions for Developing and Maintaining High-Quality Inclusive ECE Environments in Norway	<ul style="list-style-type: none"> • Common vision among staff and developing and strengthening a tradition of written documentation is needed for delivering high-quality services. • More extensive and timely involvement, support and training from external special education and other services are needed to help preschool teachers meet the needs of children with disabilities. • Strengthening cooperation with parents and adopting an ecological perspective on children's development is necessary for helping children with disabilities succeed, and making the transition to elementary school easier for them.
Necessary Conditions for Developing and Maintaining High-Quality ECE Environments in the U.S.	<ul style="list-style-type: none"> • Shared vision among all participants and stakeholders promotes the success of inclusive programs. • Families need to be actively supported and included in the program as major participants. • Policymakers and key administrative officials must support inclusive programs through developing appropriate administrative policies and procedure; providing sufficient funding, necessary support services and professional development; and regulating appropriate class size and staffing of these programs. • Merging of public and private programs under common standards and active governance can create high-quality inclusive state pre-k systems. • Effective service coordination, communication and collaborative relationships between various providers (including medical, dental and mental health agencies) are essential in implementing seamless and inclusive early childhood education. • State-level accountability systems need to be designed in order to create a

	<p>common framework for different agencies that work with children with disabilities, and align standards for evaluation.</p> <ul style="list-style-type: none">• A variety of empirically-based interventions and teaching approaches should be used to promote social interactions of children with disabilities in inclusive settings.• Substantial government investments into the ECE sector are necessary for high quality.• Policies are needed to ensure equitable access to high-quality ECE for children with disabilities through paid parental leave, facilitating employment for their parents and an entitlement to place in an affordable and flexible early childhood service.• Energetic social, housing and labor policies are needed to reduce child poverty, which may significantly reduce numbers of young children developing additional learning needs.
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4. Discussion

In this section I summarized the major themes that appeared from my analysis of the 43 articles included in my meta-synthesis. I then connected these emergent themes to my present teaching practice as a paraprofessional and my future teaching practice as a preschool teacher, as well as my personal and professional experiences as an early childhood educator in Norway and the U.S.

4.1. Characteristics of ECE and ECSE environments in Norway

As a result of well-established traditions of inclusion, strong governance and high governmental subsidies, Norwegian preschool-age children with and without disabilities receive full-day care and education in their neighborhood early childhood centers. With on-site center administrators actively involved in issues related to general pedagogy and special needs children, some of the official functions of ECE centers are stimulating all children's language and social development, cooperating with parents, preventing and detecting possible special needs among children, and coordinating special education services for those who need them. While comparatively high staff-to-child ratios are common and prescribed by official regulations in all centers, centers that have children with identified special needs often receive extra staff support. However, questions about the quality of special education provided within this totally inclusive setting continue to be asked by the public and professionals.

As an early childhood special educator in Norway, I have experienced multiple positive and some negative aspects of Norwegian ECE environments. The overall quality of many ECE centers is fantastic largely because of sufficient governmental funding and existing regulations and guidelines regarding staffing, pedagogical contents, physical environments, communication with parents, etc. Children from all types of homes and backgrounds can expect to spend up to

ten hours a day in a safe, clean, stable and stimulating environment with a natural daily rhythm of age-appropriate activities, where their basic physiological, social and learning needs are taken care of. This type of provision is looked upon as a right for all children and families. The downside of such organization of ECE services, in my experience, is that children with some types of disabilities combined with certain situational, geographical or demographical factors do not receive the high-quality special education services that they need. When children with severe delays or disabilities not previously addressed start attending an ECE center at the age of four or five (which sometimes happens), the developmental gap between them and their typical peers is so great that true pedagogical and social inclusion becomes very difficult. It is particularly true in situations where a child has autism or severe behavioral difficulties. ECE centers in isolated rural areas or urban areas with high immigrant populations may have trouble not only accessing external support services on time, but also hiring qualified support personnel for a high-needs child. Additionally, urban areas with populations with generally lower socio-economic status may have rather high numbers of special needs children in their centers and families that require extensive guidance and support. Even with extra staff and professional support from external services, such factors place extremely high demands on the center staff's capacities, skills and competence – demands that not all ECE centers are able to meet.

In summary, the system of ECE centers in Norway is prepared to provide excellent services to the majority of children with and without special needs, however in situations where high needs are exacerbated by other factors the task may be too demanding for the existing system to handle. Outcomes of such situations will depend on the particular center's staff and administrator. Despite this downside, I remain a strong proponent of the Norwegian model of ECE services. I feel that the model can be improved by providing a more individualized

approach to children and families in special circumstances described above. Some ways of doing this would be identifying and “unloading” centers with large high-needs populations by creating smaller groups, raising staff-to-child ratios even higher, providing more specialized training to the staff, creating permanent positions for special education teachers and individuals with competence within speech and behavioral therapy, and avoiding placement of several high-needs children in one group.

4.2. Characteristics of ECE and ECSE environments in the U.S.

The review of the articles included in this meta-synthesis shows that the quality of ECE settings in the U.S. is generally mediocre, with little regulation and governmental spending in settings other than public preschool, and no common national accountability systems, standards and expectations for all ECE settings. In other words, the types and quality of ECE services for children with or without disabilities is largely determined by what state or specific community they live in, and by the resources of their parents. However, the importance of high-quality early childhood environments for all children and the need for substantial investments and coordinated regulation to achieve such quality is emphasized in the literature sources used in this meta-synthesis.

As an early childhood special education paraprofessional in the U.S., I have seen children go between our extremely well-regulated and high-quality preschool program and various child care settings that range from good to completely unacceptable quality. Children in need of structure and additional support were developing behavior problems and not able to socialize well with their peers in their daycare programs while we did not see any such issues in our classroom. In other words, lack of quality regulations among daycare programs in the U.S. affects children with disabilities and their families. The problem of varying degrees of regulation

simply does not exist in Norway, since all ECE centers follow the national curriculum guidelines and formal regulations for operating ECE centers. Although other quality issues may occur, at least such factors as opening times, structure of the day, curriculum contents, physical environment and staffing standards are quite similar throughout the country. As a public preschool program in Fairbanks, AK, we are able to provide our students with a stimulating environment adapted to their needs only three and a half hours a day, while they may be spending the majority of their day in environments not equipped to address their needs properly.

4.3. Inclusion of children with disabilities in Norway

Despite a generally even high quality of ECE centers in Norway, quality of special education services may vary greatly between centers. Preschool teachers have very little academic training related to children with disabilities or collaborating with their parents, and often depend on the help and guidance of external specialists to meet these children's needs. The laws and guidelines regulating delivery of services for children with disabilities are rather generic, and the specific application of these regulations depends on how preschool teachers' and center directors' interpret them. The articles analyzed in this meta-synthesis suggests that more intensive and specific approaches to treating certain disabilities that require specially-trained staff may be more effective than the eclectic approach commonly used in most ECE centers.

Unlike the U.S. public special education programs that hire certified early childhood special education teachers, ECE centers in Norway may hire teachers with very varying degrees of knowledge about and experience with special needs children. Lack of such knowledge and experience can be disastrous for the children in question, their families, their typical peers and the teachers themselves. Poor awareness of special needs may lead to great delays in identification of children in need of extra support. Misunderstanding the cause of their

difficulties and failing to react and support them appropriately may lead to development of secondary problems, stigmatization, social isolation, and a generally negative experience for the child and all others involved.

One of my professors in Norway felt that all ECE centers should be permanently staffed with early childhood special educators because every center is bound to have children who need extra support to prevent development of problems, identify special needs promptly, or provide intervention for the special needs that already exist. I share that feeling and I know that many center directors do as well. Some centers specifically look to hire special education teachers to fill their preschool teacher positions, but special educators do not enjoy the priority that preschool teachers have in the hiring process and work on year-to-year contracts on a waiver. I feel that special educators should be given a place in every ECE center through creating permanent positions for them, requiring in-service preschool teachers to complete special education training, and merging curricula for preschool teachers' and early childhood special educators' programs.

4.4. Inclusion of children with disabilities in the U.S.

Although large numbers of children with disabilities participate in publicly funded half-day special education programs, not all of them have access to inclusive child care the rest of the day. With low quality standards for child care facilities and absence of national standards for including children with disabilities in various child care settings, the quality of child care environments and their ability to successfully include these children varies significantly. While many school districts do not provide preschool for children without disabilities, some school districts initiate collaborative relationships with child care facilities in their local communities to create inclusive programs for children with disabilities. Although a need for inclusive, high-

quality and affordable preschool and child care options for children with disabilities has been repeatedly voiced by the public and benefits of inclusive early childhood environments for these children has been documented, initiation of inclusive programs often depends on parents, teachers, administrators or private organizations.

I have experienced that high-quality inclusive early childhood education and care provides multiple benefits to children with disabilities. Inclusive environments are a setting where these children have natural opportunities to improve their language, behavior and social skills, and form friendships with their non-disabled peers. However, I feel that two requirements need to be met in order for this to happen: non-disabled children must be in the majority; and the program's staff has to possess high awareness and competence in order to create an environment truly inclusive of each child in the program. While in Norway the system of ECE centers is set up to include a few children with disabilities into large groups of typical peers, this organizational aspect can vary significantly in the U.S. The program where I work follows the letter of the law by including two typically developing children into a group of ten children with identified disabilities three days a week. Although this arrangement provides some benefits to all students, I more often see typical peers gravitating towards each other or higher-functioning children with disabilities, rather than playing and interacting with all children. I understand creating a truly inclusive environment as providing appropriate adaptations and modifications, designing the curriculum, and modeling behavior towards children with disabilities in such a way that all children can successfully participate and interact with each other. This calls for high degrees of staff competence, awareness and understanding of inclusion in theory and practice. Unfortunately, such environments are not always reached in early childhood settings, either in Norway or the U.S.

4.5. Characteristics of families of children with disabilities in Norway

Families with young children with and without disabilities in Norway have access to paid maternity and paternity leave, cash subsidies during the first few years of their children's lives, subsidized health care and affordable full-day early childhood care and education from age one for their children. Child poverty rates are therefore quite low in Norway. Children with identified disabilities are given priority placement in ECE centers, which can be important in densely populated urban areas where ECE center coverage is not yet universal. Interestingly, the articles in this meta-synthesis focused very little on issues and experiences of families with young children with disabilities in Norway.

As an early childhood special educator in Norway I worked with children and families from a variety of socio-economic backgrounds. I was able to witness the advantages of a strong social benefits system particularly for children with disabilities from low-income families. When parents did not have to worry about affording the basics, they were better able to focus on addressing their children's special needs. Taking time off work to attend meetings with ECE center staff or sick leave to keep a sick child at home was never a problem, since there are strong provisions for sick leave and personal leave for employees in Norway. Obtaining medical assessment or treatment for a child was rarely a financial burden for the parents, since health care is heavily subsidized for everybody. Additionally, I saw most children benefit greatly from being able to stay at home with a parent during the first year after birth or having a parent stay at home on maternity or paternity leave with a new sibling.

4.6. Characteristics of families of children with disabilities in the U.S.

With significantly high child poverty rates in the U.S., families of children with disabilities often experience stress related to financial concerns, employment issues, and access

to high-quality inclusive daycare and education for their children. With additional expenses related to a child's disability, often one income until the child reaches school age, and very little to no paid maternity leave, families of children with disabilities tend to be generally poorer than families of non-disabled children. Many mothers choose to take care of their children with disabilities at home because they fear that daycare centers will be unable to address their children's special needs properly or provide flexible solutions for the family. For families of children who attend a special education program and a child care arrangement in separate locations, transportation and cost of child care are some of the most important issues.

Unlike their counterparts in Norway, families of children with disabilities in the U.S. often have to experience hardship as a direct consequence of having a child with a disability. Every year during my four years in a special education preschool program in the U.S., I met a high number of families who were in long-term stressful situations due to the aforementioned issues, and had few resources left for working to address their children's special needs at home. For example, the mother of one of our students (a single mother with a chronic medical condition) worked seven days a week to provide for herself and her three children, while a relative provided child care. She had no capacity to obtain such necessary treatment and accessories for her hearing-impaired son as new ear molds, ear wax removal, glasses, etc. At the same time, she was not poor enough to receive any subsidies for herself and her children. I felt that the effect of our program was greatly reduced simply because this student was unable to hear and see properly for long periods of time, and there was nothing the school could do about it. In many other situations the teaching team in the classroom felt obligated to clean and groom students, wash their clothes and give them food, clothes and shoes so that their most basic needs could be met in order for them to learn.

While many of my colleagues in the U.S. feel that such situations are very sad but unavoidable in an early childhood special education setting, I could not disagree more. Washing children's clothes and clipping their nails at school simply enables parents to remain oblivious of these tasks and provides only temporary benefit to the children. There is a general opinion among my colleagues that the Office of Children's Services (OCS) are so overloaded that they will not react until a child is seriously abused and neglected. However, although the OCS are far from being the answer to all problems, I feel that letting children with disabilities live in suboptimal environments for years is unethical, unfair and completely unacceptable. Moreover, if such situations are dealt with through charity on a classroom and school level, how can the people in power become truly aware of the existing needs? I feel that part of my job as a future special education preschool teacher is to collaborate with partners in the school, school district and out in the community to empower families, help them access available resources to improve their socio-economic situations, and raise awareness about lacking social provisions and their impact on families of children with disabilities among the general public, administrators, politicians and law-makers.

4.7. Obstacles to development of high-quality inclusive ECE environments in Norway

While Norwegian preschool teachers, who are primary service providers to children with disabilities, often lack knowledge and experience regarding their exceptional students, obtaining help from external partners (special educators, child psychiatry professionals, etc.) may involve long waiting times and extensive bureaucratic procedures. Because of their lack of academic background in special education, preschool teachers tend to have a short-term perspective in addressing their students' special needs and use few research-based approaches. As a result, both quality of special education services and the degree of inclusiveness may vary significantly from

center to center, depending on the staff's experience, student's type of disability, parent's cooperation in terms of medical assessments, the center administrator's ability to quickly initiate and coordinate cooperation with external partners, and availability and quality of external help in the area.

As a special educator who worked with staff with general background in early childhood, I experienced that lack of knowledge about students with special needs among preschool teachers and administrators was a greater problem than obtaining external resources. Inclusion of children with disabilities in large groups of typical peers requires differentiation, individualization and using universal design in a wide variety of activities and situations. It is by no means a one man's job! All staff members have to be on board, in terms of understanding all aspects of the child's difficulties, modeling an inclusive attitude, and making sure that a common plan and research-based methods are the foundation of their interactions with the child in question. I have experienced such cooperation and shared competence in my preschool special education classroom here in the U.S., although I know that this is not the case in many inclusive child care environments in the community. In several ECE centers in Norway, however, I have seen staff that misinterpreted the child's disability as intentionally evil behaviors and at the same time unknowingly reinforced these behaviors; an administrator who encouraged stigmatizing application of ABA treatment by an unqualified aide; and staff who exhibited general lack of understanding of inclusive practices in a variety of daily routine situations. I feel that ECE centers in Norway are a wonderful, natural setting for including children with disabilities, but many are simply not equipped to do it well, despite the best intentions.

4.8. Obstacles to development of high-quality inclusive ECE environments in the U.S.

Lack of formal regulations and accountability systems on a national level as well as inadequate governmental provisions for creating high-quality ECE environments appear to be major obstacles to high-quality inclusive ECE environments in the U.S. Interpretation of the principle of inclusion is up to the school district administrators who may or may not cooperate with local ECE providers to arrange special education service delivery in an inclusive setting. At the same time, available ECE environments in the community may provide such low quality services due to lack of resources and due to regulations that set low standards for the environment that they may not be at all prepared to include a child with disabilities. Incompatible regulations and accountability systems, as well as different agendas and standards across programs also make cooperation difficult. In summary, while Norway provides a common physical space and common standards and regulations for children with and without disabilities, practical organization of inclusive settings in the U.S. varies depending on state regulations and funding, school district resources and attitudes, quality of local ECE environments, and initiatives coming from individuals within the community. It often appears easier to educate children with and without disabilities separately within the existing system of regulations, funding and program standards than to organize inclusive solutions.

I feel that creating favorable conditions for common physical space for education and care of all children is one of the first steps to inclusion. I do not consider a classroom where 85% of students have special needs a truly inclusive environment. Clearly, when parents for a variety of reasons choose not to place their children with disabilities in daycare, although it is formally an inclusive setting that welcomes all children, no inclusion is taking place either. How can a child with disabilities be truly included in an environment with unqualified and overworked personnel, inadequate space and materials, and sky-high child-to-staff ratios? When children

with disabilities are not included in certain environments because of lack of high standards, resources and support, these children and their families suffer as a direct result of their disability in a society where they are supposed to have equal opportunities with their non-disabled peers. What does this signify about the society's attitudes and priorities? What does this mean for the chances of these children to be part of this society as adults?

4.9. Necessary conditions for developing and maintaining high-quality inclusive ECE environments in Norway

To achieve inclusion in Norwegian ECE centers, staff members in the centers need to become more competent and better prepared to address the needs of children with disabilities through developing a shared ethical and theoretical vision. Strengthening cooperation with families of children with disabilities and giving them real opportunities to be involved is another important requirement for inclusion. At the same time, timely access to high-quality external support is needed to guide, supplement and support center staff in adapting the environment to help children with disabilities fit in socially while giving them the best opportunities for development and learning.

I feel that every ECE center in Norway should have at least one special education teacher on staff as long as special and general education teacher preparation programs in the country are kept separate. Although it may be argued that this is not necessary in every center, I am convinced that it is. Norway is becoming a more and more culturally, linguistically and otherwise diverse society. Creating inclusive early childhood environments where everybody can participate and feel welcome, is to me equivalent to preventing the development of special needs and strengthening inclusion in the society as a whole. Early detection of special needs is critical for helping the child succeed. This task required a trained eye and a mindset that many preschool

teachers currently do not have. Having a special educator on staff will reduce the urgent need for external resources and the impact of not getting them on time. At the same time, prevention and early detection will reduce the overload and stress in centers that tend to have large numbers of special needs children because of population demographics.

When just starting my work on this meta-synthesis, I felt that lack of access to speech, physical and occupational therapy on site was an important drawback of Norwegian ECE centers, because I saw the benefits of regular access to such services in the U.S. preschool special education programs. With a well-qualified special education teacher on staff, however, the impact of lack of immediate access to these services can be mitigated. The need for on-site occupational and physical therapy may not be as critical for children in Norway as in the U.S. because their families have access to free health care. At the same time, language development and stimulation for all children has traditionally been one of the major tasks of ECE centers, and is given great emphasis in preschool teacher education. Nevertheless, I feel that itinerant occupational and physical therapists and speech and language teachers should be assigned to service clusters of daycare centers in order to observe all children during regular visits, conduct assessments and provide services to students with already established needs. Needs that require occupational and physical therapy may present themselves very subtly and not be recognized by preschool teachers and parents.

4.10. Necessary conditions for developing and maintaining high-quality inclusive ECE environments in the U.S.

Literature sources in this meta-synthesis call for changes in the organization of and regulations around service delivery to young children with disabilities. They also emphasize the need for common accountability systems, increased governmental funding and improved social

and labor policies. Common standards and regulations for private and public programs will make it easier to merge them into inclusive environments where children with special needs can receive special education services that many receive in public school special education classrooms today. Administrative policies and funding should allow implementing the quality-enhancing factors for early childhood education that have been reiterated in modern research literature: highly educated and better paid staff, and small class or group size. Common accountability systems will facilitate cooperation between providers and coordination of services. Increased governmental funding combined with higher standards for child care facilities will improve overall quality of these establishments and make them better equipped to include children with disabilities. Finally, provisions for families such as long-term paid maternity leave, subsidized and flexible child care, and more accessible subsidies for those in poverty will not only empower parents and facilitate their participation in their child's education, but also prevent development of special needs in children at risk.

I feel that children with disabilities in the U.S. would benefit greatly from better coordinated and regulated inclusive early childhood environments. I strongly support the organizational model used in Norway, because with some improvements it may provide perfect conditions for inclusion. My opinion is that the entire system of child care and education in the U.S. should be reorganized to provide coordinated full-day child care and education in high-quality inclusive settings. Although there is no direct indication in the literature used for this meta-synthesis that full-day programs are more effective than half-day, my professional experiences and common sense tells me that although not all children with disabilities and their families may need such provisions, there are many who desperately do, and all should at least have this option. Many students who attend public special education programs go to some kind

of daycare or other program the rest of the day, so the need for full-time options is clearly there. Many of my students have a rather disjointed day, with long bus rides and several transitions between caregivers and our program. While our special education preschool program provides three and a half hours of rather intense intervention, I feel that we are unable to do certain activities due to time constraints. For example, cooking or going for walks or field trips out in the community are some of the activities we do extremely rarely. Meanwhile, such activities give real meaning and context to a lot of the things we are teaching our students. I think that a longer day with a more relaxed and natural pace would be better for students and teachers. An intense program for several hours and an unstructured, unregulated rest of the day seems inferior to a program where learning is imbedded in natural activities dispersed throughout the day, and where rules and expectations stay the same.

I am not suggesting that special education programs should become all-day programs. I think that carefully merging a program like ours with a daycare center in our community would be beneficial for all parties involved. First of all, the quality of the daycare program would be improved just by adding a qualified special education teacher and experienced aides to the staff, and sharing the specialized classroom equipment and supplies often found in special education classrooms (e.g., augmentative communication devices, Boardmaker software). Merging of special education funds, daycare fees and possibly some governmental subsidies may help bring down the cost of daycare services for all parents, improve staff qualifications and increase staff-to-child ratios. This, again, will raise the overall quality of such an ECE environment, and create better conditions for inclusion. Similar schemes are carried out some places in the U.S., but active national governance and regulation and policy changes are needed if such changes are to occur universally and consistently throughout the country.

As a future special education preschool teacher I will advocate for and actively seek out any opportunities for creating more coordinated and diverse delivery modes for students with disabilities in my school district and within my school. One way of doing it is establishing a good collaborative relationship with the school district administration and obtaining their support in the effort to find partners out in the community. Sometimes small changes that require no or minimal additional funds can go a long way. For example, our program has no afternoon class on early-out days. These afternoons could be used for visiting students' daycare providers, establishing connections and making common plans of action. What about obtaining a grant to fund a pilot project where one special education classroom would be blended into a community daycare for an academic year? At the same time, it is important that school district administrators advocate for more inclusive solutions on higher levels, so that these changes do not remain temporary and dependent on individual teachers' initiatives.

5. Conclusion

Although education of children with disabilities was the initial focus of this meta-synthesis, it gradually became clear to me that early childhood special education could hardly be regarded by itself for the purposes of this inquiry. Children with disabilities in both Norway and the U.S. spend large portions of their day in inclusive ECE settings, and the characteristics of these settings largely determine the quality of special education services that these children receive. Even those children in the U.S. who attend part-time self-contained special education programs often spend at least as many hours in a regular daycare setting. The impact on their development and the lives of their families is the effect of the two settings taken together. This meta-synthesis evolved into an attempt to compare two systems of early childhood special education in the

context of broader systems of early childhood education and care, rooted in two different cultures, two different governmental structures, and two sets of political systems and priorities.

The system of early childhood education and care for children with or without special needs reflects many aspects of the society it is in: its view of disability and inclusion of people with disabilities, the dichotomy between governmental responsibility and personal responsibility of a citizen, and the general system of priorities within the society. This meta-synthesis made it clear to me that early childhood special education is shaped by a country's political structure and agenda, cultural beliefs and attitudes, and economy. I also realized that inclusion and quality are often two sides of the same coin. A high-quality early childhood environment with well-educated teachers, clearly formulated goals, standards and curricula, and appropriate physical accommodations and staff-to-child ratio are more likely to be inclusive. In both countries, inclusion and quality are not just a matter of teachers doing a good job in their classrooms. In fact, the one common trait that kept presenting itself in the articles included in this meta-synthesis was the enthusiasm and initiative of teachers and parents of children with disabilities in both in Norway and the U.S. to create inclusive and high-quality settings for these children. However, enthusiasm alone is by no means a strong enough foundation for creating such settings. High investments are required to achieve good returns. Indeed, sufficient funding and administrative rule-making secured by appropriate legislative provisions are needed to create consistently high-quality inclusive early childhood settings throughout the entire country. Otherwise, local community involvement, local political agendas or local economy and income levels make such settings possible in some communities, whereas children and families in other communities are much worse off.

In Norway, the common system of governmental regulations, funding and standards presents fairly equal opportunities and equal support for every ECE center in every community throughout the country. As a result, quality of ECE centers is fairly even, and their organization is very similar all over Norway. Standards and expectations are mandated by law, and local authorities are obligated to provide funding to implement these. Although problems do stand in the way of inclusion and quality of special education service delivery for some children with disabilities in Norway, the system provides opportunities for every ECE center to seek external support. In the U.S., access to support and opportunities for improvement varies tremendously because of the variety of types of ECE settings, and differences in state legislature and administrative procedures throughout the country. Private daycare facilities may simply not have the quality control routines that will make the need for change obvious, or the motivation and wherewithal to seek change. Depending on the school district, its political attitudes and even particular administrators, teachers in early childhood special education programs may have very little influence in administrative matters, and simply do their best in their current circumstances. A lot of times these dedicated professionals get by on enthusiasm, working overtime, and spending their own money on classroom supplies. Of course, for some special education teachers it is just a job, and that is when students with disabilities suffer most. The quality of early childhood settings for all children, also those with disabilities, should therefore not be contingent mainly upon individual efforts and resources. The quality and inclusion should be reflected in the legal framework regulating ECE and ECSE settings, and supported by the system's resources. An official law requires compliance from all parties, whereas best practices recommended by professional organizations are really optional to follow.

In Norway, there appears to be a well-defined need for greater special education competence within regular ECE centers. Many preschool teachers in Norway struggle with meeting the needs of their exceptional students and truly including them in the group, particularly students with severe disabilities, behavioral disorders and autism. External help is available, but processing and waiting times may be quite long, even when support is needed right away. I feel that an early childhood special educator should have a place in every ECE center in Norway, to prevent the development of special needs, identify such needs early, and design and implement intervention before the situation becomes acute. ECE centers in areas with high special needs populations would benefit from smaller groups, more staff with special education background, and thoughtful distribution of children with disabilities among groups and centers in the same area. The involvement of related service providers such as speech and language teachers, physical therapists, and occupational therapists in screening, assessment and servicing of children with disabilities in special education preschool programs in the U.S. is an invaluable resource to these children and their families. I strongly feel that these professionals should conduct routine screening visits to all Norwegian ECE centers and work with children with already identified special needs in the centers. Again, this is only possible through official changes in regulations for staffing of ECE centers, mandating and funding training programs for in-service preschool teachers, and changing the contents of preschool teacher preparation curricula.

Children with disabilities and their families are on the other end of this equation. I have heard both Norwegian and American preschool teachers say that they not only have students with special needs, but also parents with special needs. I think it is often true, but the parents' special needs are of a different kind than those of their children. The sad truth is that many

parents of children with disabilities in the U.S. are stressed, poor and overworked. These parents often feel that their children's options for inclusive ECE settings are limited. Many mothers are unable to re-join the workforce because they feel that their children's exceptional needs will not be met in a daycare setting. Some are forced to choose child care providers based on what they can afford and whether these providers can accommodate their work schedule, rather than the quality of care they provide. Half-day special education programs make mid-day transportation an additional issue. It is not difficult to imagine the negative impact that stressed parents with limited resources, multiple transitions and suboptimal child care environments can have on children with disabilities. While the U.S. considers providing these children with special education services a public responsibility, why is providing them with good quality child care services a personal responsibility of the parents? Although in some situations parents or family members are truly the best child care providers for their children with disabilities, most parents do not possess the competence that special educators have or the resources of a public school preschool classroom, and need easy access to professional advice and guidance, training, materials, etc. Many parents of young children with disabilities do have special needs – the needs for emotional, financial and employment support, respite care, opportunities to be included in the local community, and advice or help with parenting their child with disabilities when such advice is needed. Several of the articles in this meta-synthesis emphasized that parents' style of interaction with their children was the most powerful factor for these children's progress and development. Why, then, is so little being invested in supporting these parents? Again, I feel that a strong centralized governmental effort is needed to lift these families and empower them so that parents and their children with disabilities can truly have equal opportunity in this society. Clearly, it is not an impossible scenario, because parents of children with disabilities in Norway

have access to high-quality affordable full-day child care, long-term job protection and paid maternity leave, cash subsidies, free health care, respite care and a variety of other social benefits.

As a future special education preschool teacher in the U.S., I am determined to promote awareness of the issues discussed in this meta-synthesis among my colleagues, parents and administrative leaders. Although I cannot create a law that will merge special education preschool programs with community child care facilities, I can find ways to advocate for such changes on the school district level, and work towards making these changes happen on a local scale through obtaining grants and seeking sponsorship and support of community leaders. Although I cannot ensure necessary provisions to all families of children with disabilities, I can work with my school principal and school district administrators to create programs to support families within our school population. These may include parenting classes, parent mentoring, in-school support groups for parents or siblings of children with disabilities, home visits and establishing partnerships with key agencies in the community where parents might obtain support related to health, employment, housing and transportation. As a result of working on this meta-synthesis, I have realized that my calling as a special educator extends beyond simply doing a good job in the classroom, which is only the first step to helping students with disabilities succeed. I would like to find ways to trigger positive systemic changes that would extend into other areas of my exceptional students' lives, and shape the different environments they are in to truly help them reach their potential.

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